

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		2			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		2		2			58						
9		1		1			59						
10		1		1			60						
11		1		1			61						
12		1		1			62						
13		1		1			63						
14		2		2			64						
15		2		2			65						
16		2		2			66						
17		2		2			67						
18		2		2			68						
19	1		1				69						
20							70						
21							71						
22							72						
23							73						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2				TOTAL IND.						
TOTAL DEP.			23				TOTAL DEP.						
TOTAL CLAIMS			25				TOTAL CLAIMS						